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MINNESOTA APPLICATIONS REQUIREMENTS, HEALTH INSURANCE

I. Minnesota Specific Requirements

The following are the requirements that the department analysts will be applying to health insurance filings submitted to the department.

A. Minnesota Life and Health Guaranty Association

Minn. Stat. §61B.28, subd. 7 A copy of the Life and Health Insurance Guaranty Association notice in the form specified in Minn. Stat. §61B.28, subd. 8 must be delivered at the time of application. The notice may be part of the application.

B. Form Numbers

Minn. Stat. §61A.03, subd. 1(I) Form numbers are to appear in the lower left-hand corner of the first page of each form, including riders and endorsements.

C. Readability Requirements

Minn. Stat. Chapter 72C If the application becomes a part of the contract, it must comply with the requirements of Minnesota Chapter 72C, including achieving a Flesch scale analysis readability score of more than 40.

This requirement does not apply to insurance as described in the master contract for any policy of group insurance when the group consists of ten or more persons.

D. Pre-existing Conditions Summary

Minn. R. Part 2790.0600 If the policy advertised does not provide immediate coverage for pre-existing conditions, an application or enrollment form contained in or included with an advertisement to be completed by the applicant and returned to the insurer must contain a question or statement immediately preceding the applicant's signature line which summarizes the pre-existing condition provisions of the policy.

E. Signed Authorizations to Collect Information

Minn. Stat. §72A.501, Subd. 2(b) If an authorization used by an insurer, insurance-support organization, or insurance agent to disclose or collect personal or privileged information is signed to collect information in connection with an application for a life, disability, and health insurance policy or contract, reinstatement, or request for change in benefits, the authorization is valid as long as the individual is continually insured with the insurer.

F. HIV Tests; Crime Victims and Emergency Medical Service Personnel

Minn. Stat. 72A.20, subd. 29 No insurer regulated under chapter 61A, 62B, or 62S, or providing health, medical, hospitalization, long-term care insurance, or accident and sickness insurance regulated under chapter 62A, or nonprofit health service plan corporation regulated under chapter 62C, health maintenance organization regulated under chapter 62D, or fraternal benefit society regulated under chapter 64B may ask an applicant for coverage or a person already covered whether the person has:

1. had a test performed to determine the presence of the HIV antibody performed on an offender under section 611A.19 or performed on a crime victim who was exposed to or had contact with an offender's bodily fluids during commission of a crime that was reported to law enforcement officials;
2. had a test performed to determine the presence of blood borne pathogen in their capacity as emergency medical personnel, corrections employee, or employee of a secure treatment facility; or
3. been the victim of an assault or any other crime which involves bodily contact with the offender.

G. Required Loss Ratio Disclosure

Minn. Stat. 62A.36 An application form for a Medicare supplement policy or certificate must prominently disclose the anticipated loss ratio and explain what it means. Medicare supplement policy or certificate has the meaning given, in section 62A.3099, but also includes a policy, contract, or certificate issued under a contract under section 1833 or 1876 of the federal Social Security Act, United States Code, title 42, section 1395, et seq.

H. Duplicate Coverage Prohibited

Minn. Stat. 62A.43, subd. 1 Every application for Medicare supplement insurance shall require a written statement signed by the applicant listing all health and accident insurance maintained by the applicant as of the date the application is taken and stating whether the applicant is entitled to any medical assistance. The written statement must be accompanied by a written acknowledgment, signed by the seller of the policy, of the request for and receipt of the statement.

I. Medicare Supplement

Minn. Stat. 62A.44, subd. 2 Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant has another Medicare supplement or other health insurance policy or certificate in force or whether a Medicare supplement policy or certificate is intended to replace any other accident and sickness policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent containing the questions and statements may be used.

1. You do not need more than one Medicare supplement policy or certificate.
2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
3. You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy or certificate.
4. The benefits and premiums under your Medicare supplement policy or certificate can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your policy or certificate will be reinstated if requested within 90 days of losing Medicaid eligibility.
5. Counseling services may be available in Minnesota to provide advice concerning medical assistance through state Medicaid, Qualified Medicare Beneficiaries (QMBs) and Specified Low-Income Medicare Beneficiaries (SLMBs).

To the best of your knowledge:

1. Do you have another Medicare supplement policy or certificate in force?
 - a. If so, with which company?
 - b. If so, do you intend to replace your current Medicare supplement policy with this policy or certificate?
2. Do you have any other health insurance policies that provide benefits which this Medicare supplement policy or certificate would duplicate?
 - a. If so, please name the company.
 - b. What kind of policy?
3. Are you covered for medical assistance through the state Medicaid program? If so, which of the following programs provides coverage for you?
 - a. Specified Low-Income Medicare Beneficiary (SLMB),
 - b. Qualified Medicare Beneficiary (QMB),
 - c. full Medicaid Beneficiary?

Agents shall list any other health insurance policies they have sold to the applicant.

1. List policies sold that are still in force.
2. List policies sold in the past five years that are no longer in force.

J. Short-Term Coverage

Minn. Stat. 62A.65, subd. 7(d) A written application for short-term coverage must ask the applicant whether the applicant has been covered by short-term coverage by any health carrier within the 555 days immediately preceding the effective date of the coverage being applied for.

K. Qualified Long-Term Care Policies, Prohibition Against Postclaims Underwriting

1. Minn. Stat. 62S.21, subd. 2 – Medication Information Required If an application for long-term care contains a question which asks whether the applicant has had medication prescribed by a physician, it must also ask the applicant to list the medication that has been prescribed.

2. Minn. Stat. 62S.21, subd. 3 The following language must be set out conspicuously and in close conjunction with the applicant's signature block on an application for a long-term care insurance policy or certificate:

CAUTION: If your answers on the application are incorrect or untrue, (company) has the right to deny benefits or rescind your policy."

L. Qualified Long-Term Care Policies, Required Questions for application Forms

Minn. Stat. 62S.24, subd. 1 An application form must include the following questions designed to elicit information as to whether, as of the date of the application, the applicant has another long-term care insurance policy or certificate in force or whether a long-term care insurance policy or certificate is intended to replace any other accident and sickness or long-term care policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent, except where coverage is sold without an agent, containing the following questions may be used.

1. Do you have another long-term care insurance policy or certificate in force (including health care service contract or health maintenance organization contract)?
2. Did you have another long-term care insurance policy or certificate in force during the last 12 months?
 - a. If so, with which company?; and
 - b. if that policy lapsed, when did it lapse?
3. Are you covered by Medicaid?
4. Do you intend to replace any of your medical or health insurance coverage with this policy (certificate)?

II. Interstate Insurance Product Regulation Commission (IIPRC) Standards

Since Minnesota is a member of IIPRC, we will accept health insurance applications that meet its standards for life insurance and annuity applications, unless a more stringent

standard exists in Minnesota statute or administrative rules. Please note that any supplemental questionnaires or other documents must also be included in your filing. The relevant IIPRC standards can be located at: <http://www.insurancecompact.org/>